

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87S)

SERIAL NO.

0 / 564840

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4		1					
5	1						
6	1						
7		1					
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47		1					
48		1					
49		1					
50		1					
TOTAL IND.	12						
TOTAL DEP.	19						
TOTAL CLAIMS	31						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							